

30)

Good afternoon,

My name is Christine Levine. I am the clinical director of Creative Interventions. Creative Interventions specializes in the treatment of children on the autism spectrum. I am a board certified behavior analyst, an attorney and special education teacher who has been working with the autism spectrum population for 14 years. Creative Interventions provides ABA based services to children from birth to 18. We provide individual, dyad and small group therapy.

Applied Behavior Analysis (ABA) is the only scientifically proven treatment for autism spectrum disorders. In 1987 a study by Lovass it was found that 47% of children with Autism that received an intensive ABA program had normal levels of intellectual functioning and were participating in regular first grade without support, as compared to 2% of the control group. In 2006 a study by the Wisconsin Early Autism Project confirmed that ABA treatment resulted in 48% of children with autism reaching normal levels in IQ, social skills, language, adaptive and academic skills and were succeeding in regular classrooms without support. Many more research studies exist that confirmed the ABA model as being therapeutically beneficial.

ABA is designed to address the core deficits of autism, as outlined in the DSM IV. These are impaired social interaction, impaired communication and a restricted set of interests. ABA also addresses related deficits often found in individuals on the autism spectrum such as challenging behaviors – (Aggression, self-injurious behaviors, noncompliance, pica, obsessive behavior, stereotypic movements) self-help skills (dressing, toileting, washing, cooking, etc.) motor skills and cognitive skills. This methodology is data driven and specifically designed to meet an individual child's needs.

This treatment methodology is designed to teach new skills by breaking down skills into component parts and reinforcing performance of those component parts. Several different teaching strategies are used within an ABA program. These include discrete trial instruction, task analysis, verbal behavior, natural environment teaching, learning dyads, small group instruction and inclusion. The goal of ABA is to teach children with Autism Spectrum Disorder (ASD) to function as independently as possible in the natural environments. This is accomplished by teaching children with autism to learn the how typical children learn (through imitation, questioning, group instruction, life experiences and social interactions). As children begin to learn in a more typical manner, ABA services usually decrease over time and the child will become included in a more natural learning environment at both home, school and in the community. Family training is an important piece of this process. For a child to really "Own" a skill, it needs to be generalized across a variety of settings, including the home manner. Most children don't naturally generalize into other settings and require direct therapy to make the generalization occur in the home and community.

ABA treatment works well with children with Autism Spectrum Disorder for several reasons. First, it provides a significantly higher level of reinforcement, including tangibles and edibles. This is necessary for children with Autism Spectrum Disorder who, due to existing social deficits, aren't motivated simply by internal motivation for completing a task or by pleasing an adult. In addition, ABA offers intensity in the opportunities to learn and practice the skills, that aren't offered in other therapies or

methodologies. A prompting hierarchy is used and faded so that children receive the correct amount of assistance to master a new skill. Moreover, ABA proved a high level of structure that many children with Autism Spectrum Disorder require. Finally, many children with Autism Spectrum Disorder need the breakdown of skills, due to an inability to learn complex skills as a whole. It also enables the children to learn to focus on a specific task, which is often difficult for them to do in other learning environments that are over stimulating.

ABA is also used to decrease inappropriate behaviors using antecedent and consequential strategies. ABA consultants complete a Functional Behavioral Assessment to determine what is causing/maintaining the aberrant behavior. With information gathered, a behavioral intervention plan is developed and implemented by therapists and family members. It is important to note that many families of children with ASD are unable to take their child in the community, which dramatically affects their quality of life. The treatment of a child with ASD with problem behaviors reduces the stress of a family and can increase the family's ability to participate in community activities with their child.

ABA can help children at all levels on the spectrum. An early learner's curriculum may focus on increasing attention to task, imitation of actions and learning to request one's needs. I just received an email this morning from a mother with an 8 year old daughter with autism and significant cognitive deficits. The schools she has attended continued to use teaching programs for requesting with her that were unsuccessful. We just developed an object exchange program for her and for the first time in eight years she is communicating with her mother. Her mother expressed that she used to feel that she didn't exist to her daughter. Now she actually feels a connection.

An advanced learner may be focused on conversation (Maintaining topic), cognitive flexibility, making friends and job skills. For example, we have 16 year old, very bright boy with Asperger's Syndrome. He has very significant social deficits and severe behavioral concerns. He is now coming to our office once a week to do an internship, with the support of a behavior therapist. He is doing a great job with various tasks around the office and is really enjoying it. This is wonderful for a child who generally doesn't like people, refuses to do homework. Just last year, he threatened to kill his mother with a knife. He has come a long way and I now feel that he will be able to hold down a job.

Early learner's and advanced learner's with significant behavioral concerns, generally required one to one therapy. Overtime, many early learners develop the skills that allow them to participate in a small group therapy session.

In a random sample of children receiving ABA services through Creative Interventions for an average of 5 hours per week for a period of 6 months during 2008, 62% made significant progress as evidenced by

the mastery of 20 new skills, 15% made good progress as evidenced by the mastery of 10-19 new skills, 23% made fair progress as evidenced by the mastery of 5-9 skills and 0% made limited progress as evidenced by the mastery of less than 5 skills. Thus, 100% of the children sampled made progress learning new skills with an average of 5 hours per week of ABA services. In that same group, 36% made a 75% decrease in targeted aberrant behaviors, 57% made a 50% reduction in targeted aberrant behaviors, 7% made a 25% decrease in targeted aberrant behaviors and 0% made less than a 25% decrease in targeted aberrant behaviors. Thus, 100% of cases, there was a least a 25% reduction in targeted behaviors during a six month period, while receiving an average of 5 hours of ABA per week.

It was possible for these children to be successful, but it needed to extend beyond the school program. Schools tend to focus on academic skills, as opposed to addressing the social, language and lifeskills that are most critical to a child's success in the real world. In addition, most school districts don't offer ABA programs. Those that do, employ individuals with only a high school diploma to implement the entire program. Also, the programs are generally not supervised by a board certified analyst.

Passing of the proposed bill would make a huge difference in many children's lives, whose families cannot afford to pay the costs of ABA therapy.

Christine Levine, M.S., J.D., BCBA  
Clinical Director, Creative Interventions, LLC